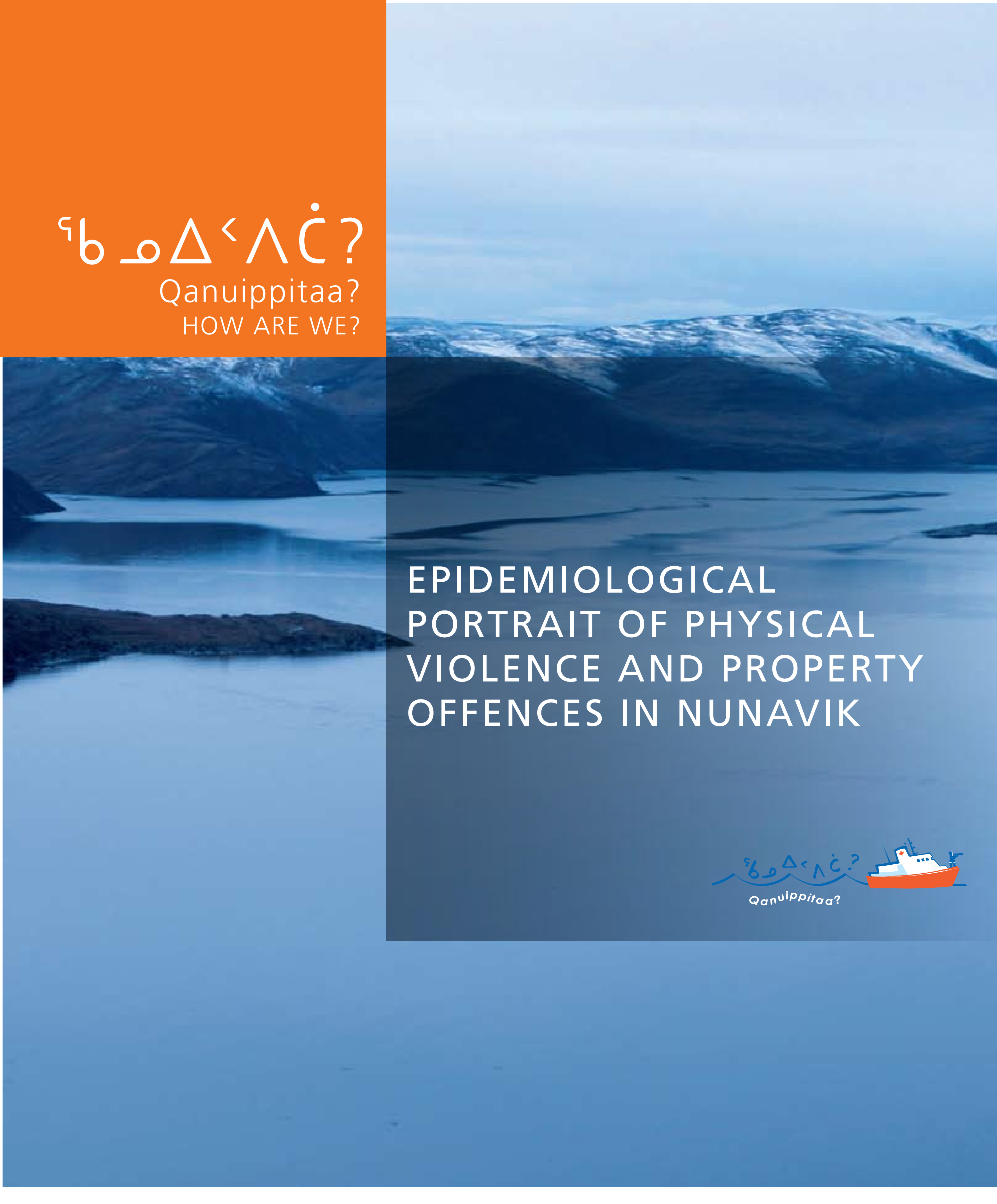

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HOW ARE WE?

EPIDEMIOLOGICAL PORTRAIT OF PHYSICAL VIOLENCE AND PROPERTY OFFENCES IN NUNAVIK

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HOW ARE WE?

EPIDEMIOLOGICAL PORTRAIT OF PHYSICAL VIOLENCE AND PROPERTY OFFENCES IN NUNAVIK

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BACKGROUND OF THE NUNAVIK INUIT HEALTH SURVEY

The monitoring of population health and its determinants is essential for the development of effective health prevention and promotion programs. More specifically, monitoring must provide an overall picture of a population's health, verify health trends and how health indicators vary over distance and time, detect emerging problems, identify priority problems, and develop possible health programs and services that meet the needs of the population studied.

The extensive survey conducted by Santé Québec in Nunavik in 1992 provided information on the health status of the Nunavik population (Santé Québec, 1994). The survey showed that health patterns of the population were in transition and reflected important lifestyle changes. Effectively, the Inuit population has undergone profound sociocultural, economic, and environmental changes over the last few decades. The Inuit have changed their living habits as contact with more southerly regions of Quebec increased. A sedentary lifestyle, the switch to a cash-based domestic economy, the modernization of living conditions and the increasing availability and accessibility of goods and foodstuffs imported from southern regions have contributed to these changes. These observations suggest the need for periodic monitoring of health endpoints of Nunavik Inuit to prevent the negative impact of risk factor emergence and lifestyle changes on subsequent morbidity and mortality from major chronic diseases.

In 2003, the Nunavik Regional Board of Health and Social Services (NRBHSS) decided to organize an extensive health survey in Nunavik in order to verify the evolution of health status and risk factors in the population. The NRBHSS and the Ministère de la Santé et des Services sociaux (MSSS) du Québec entrusted the Institut national de santé publique du Québec (INSPQ) with planning, administering and coordinating the survey. The INSPQ prepared the survey in close collaboration with the Unité de recherche en santé publique (URSP) of the Centre hospitalier universitaire de Québec (CHUQ) for the scientific and logistical component of the survey. The Institut de la statistique du Québec (ISQ) participated in methodology development, in particular the survey design.

The general aim of the survey was to gather social and health information on a set of themes including various health indicators, physical measurements, and social, environmental and living conditions, thus permitting a thorough update of the health and well-being profile of the Inuit population of Nunavik. The survey was designed to permit a comparison of the 2004 trends with those observed in 1992. Data collected in 2004 also allowed researchers to compare the Inuit to other Quebecers.

Target population

The health survey was conducted among the Inuit population of Nunavik from August 27 to October 1, 2004. According to the 2001 Canadian census, the fourteen communities of Nunavik have a total of 9632 inhabitants, 91% of whom identified themselves as Inuit. The target population of the survey was permanent residents of Nunavik, excluding residents of collective dwellings and households in which there were no Inuit aged 18 years old or older.

Data collection

Data collection was performed on the Canadian Coast Guard Ship Amundsen, thanks to a grant obtained from the Canadian Foundation for Innovation (CFI) and the Network of Centres of Excellence of Canada (ArcticNet). The ship visited the fourteen villages of Nunavik, which are coastal villages. The study was based on self-administered and interviewer-completed questionnaires. The study also involved physical and biological measurements including clinical tests. The survey was approved by the Comité d'éthique de la recherche de l'Université Laval (CERUL) and the Comité d'éthique de santé publique du Québec (CESP). Participation was voluntary and participants were asked to give their written consent before completing interviews and clinical tests. A total of 677 private Inuit households were visited by interviewers who met the household respondents to complete the identification chart and the household questionnaire. A respondent was defined as an Inuit adult able to provide information regarding every member of the household. The identification chart allowed demographic information to be collected on every member of the household. The household questionnaire served to collect information on housing, environment, nutrition and certain health indicators especially regarding young children.

All individuals aged 15 or older belonging to the same household were invited to meet survey staff a few days later, on a Canadian Coast Guard ship, to respond to an interviewer-completed questionnaire (individual

questionnaire) as well as a self-administered confidential questionnaire. Participants from 18 to 74 years of age were also asked to complete a food frequency questionnaire and a 24-hour dietary recall, and to participate in a clinical session. The individual questionnaire aimed to collect general health information on subjects such as health perceptions, women's health, living habits and social support. The confidential questionnaire dealt with more sensitive issues such as suicide, drugs, violence and sexuality. During the clinical session, participants were invited to answer a nurse-completed questionnaire regarding their health status. Then, participants had a blood sample taken and physical measurements were performed including a hearing test, anthropometric measurements, an oral glucose tolerance test (excluding diabetics) and toenail sampling. Women from 35 to 74 years of age were invited to have a bone densitometry test. Finally, participants aged 40 to 74 could have, after consenting, an arteriosclerosis screening test as well as a continuous measure of cardiac rhythm for a two-hour period.

Survey sampling and participation

The survey used a stratified random sampling of private Inuit households. The community was the only stratification variable used. This stratification allowed a standard representation of the target population. Among the 677 households visited by the interviewers, 521 agreed to participate in the survey. The household response rate is thus 77.8%. The individual response rates are obtained by multiplying the household participating rate by the individual collaboration rate since the household and individual instruments were administered in sequence. The collaboration rate corresponds to the proportion of eligible individuals who agreed to participate among the 521 participating households. In this survey, about two thirds of individuals accepted to participate for a response rate in the area of 50% for most of the collection instruments used in the survey. A total of 1056 individuals signed a consent form and had at least one test or completed one questionnaire. Among them, 1006 individuals answered the individual questionnaire, 969 answered the confidential questionnaire, 925 participated in the clinical session, 821 had a hearing test, 778 answered the food frequency questionnaire, 664 answered the 24-hour dietary recall, 282 had an arteriosclerosis test, 211 had a continuous measure of their cardiac rhythm for a two-hour period and 207 had a bone densitometry test. More details on the data processing are given in the Methodological Report.

INTRODUCTION[1]

Exposure to violence has been identified as an important health determinant. Both children and adults who are victims and witnesses of violence, both familial and non-familial, are at increased risk of developing mental illnesses including anxiety, depression and post-traumatic stress disorder. They are also at risk of adopting aggressive, socially inappropriate, self-destructive and risky behaviours like alcohol and drug abuse, being arrested for a violent or non-violent crime and engaging in unprotected sex and prostitution (Coker et al., 2002; Koss et al., 1991; Lessard & Paradis, 2003; Macmillan, 2001; Tjaden & Thoennes, 2000). Physical health problems including fibromyalgia, chronic fatigue syndrome and chronic headaches may also result from a history of physical abuse (Goodwin et al., 2003; Koss et al., 1990). Violence is therefore a great burden upon individual victims. However, studies also demonstrate the serious consequences violence may have on secondary victims: family members, neighbours, co-workers and friends. Hearing about crimes in the neighbourhood causes increased anxiety and fear of crime, as well as behavioural changes including isolating oneself and carrying weapons for protection (Garbarino et al., 2004; Ruback & Thompson, 2001). According to the World Health Organization, the social costs of violence also include medical aid and psychological services for victims, social assistance, housing, refuge, judicial services, incarceration, and loss of productivity for the victim (Waters et al., 2004). Violence not only has a tremendous impact on the victims and their surroundings but on society as a whole.

Numerous reports and surveys written by native women demonstrate the Inuit people's deep concern over the violence in their communities, as well as the detrimental consequences of such abuses on individuals and on communities (Koperqualuk & Grey, 2005; Pauktuutit, 2005; Petawabano et al., 1994). According to Petawabano and colleagues (1994), physical violence within the conjugal context is the most prevalent form of reported violence in both aboriginal and Inuit communities. Community members rate violence as being one of the top three issues in their society. Despite these concerns,

[1] For ease of readability, the expression "Inuit" is used throughout the theme paper to define the population under study even though a small percentage of individuals surveyed identified themselves as non-Inuit. Refer to "Background of the Health Survey" for further details regarding the definition of the target population.

virtually no epidemiological study has yet been performed in Inuit populations to determine the predominance of these issues.

In 2004, according to police reports from both Cree and Inuit communities of Nunavik, the rate of reported violent crimes was 3834 per 100 000 compared to 995 per 100 000 for the province of Quebec. In comparison, in 2004, for Nunavut, the northern region closest to Nunavik where the population is mainly Inuit, and where socio-economic conditions are similar, the rate of reported violent crimes was 7884 per 100 000 (Canadian Centre of Justice Statistics, 2004). This data confirms the elevated rates of violence in northern regions. However, as reported by Statistics Canada (1999), police reports are likely to underestimate the actual rates. Surveys of victims are often used to obtain more accurate estimates of rates of violence. These surveys allow interviewers to create a bond with the participant, thus encouraging the reporting of violent experiences. This method also allows researchers to gather information regarding the characteristics of the victims and aggressors. To our knowledge, the only study that assessed the rate and nature of violence in Inuit communities through victimization surveys was performed in Greenland in 1993-1994 (Curtis et al., 2002). This epidemiological study was designed to evaluate the prevalence of sexual abuse and violence. In this study, 47% of Greenlandic Inuit women and 48% of men reported having been victims of violence during adulthood.

The main objective of this report is to provide current data about violence in the Nunavik region of Quebec, including rates of violence, the characteristics of victims and the nature of their relationships with their aggressors. Types of violence explored are physical violence and property offences. Suggestions made by the participants to prevent violence and to help victims and perpetrators are also presented.

This study provides for the first time major epidemiological data on the topic of violence in Nunavik. Among other characteristics, this study addresses a number of types of violence and contexts in which violence occurs (conjugal, family, etc.). Data also include both quantitative and qualitative information.

METHODOLOGICAL ASPECTS

Questions on physical violence and violence against property were included in the survey's confidential questionnaire (Table A1, Appendix). The questionnaires were either self-administered or completed with the help of an interviewer in the participant's language of choice (Inuktitut, English or French). To reduce the likelihood of participants not reporting violent experiences, each was assigned an interviewer who was unknown to them and who did not live in their community.

The definition of physical violence used in this survey was adapted from the Conflict Tactics Scale (Straus, 1979; Straus et al., 1996). The questions are asked from the victim's perspective only and cover violence that could have been committed by anyone. Participants responded to the following question: *"Have you as an adult ever been subjected to one or more of the following forms of violence?"* Five choices were presented, including a series of acts potentially causing injury or bodily harm and violent threats (Table A1, Appendix). One choice concerned violence rated minor (A. pushed, shaken or struck lightly)[2], while three involved serious violence (B. kicked, struck with a fist or object; C. thrown against furniture, into walls, down stairs or similar; D. strangulation attempt, assault with a knife or firearm) and the last, any other form of violence experienced (E. other form(s) of violence). These questions appear as items A, B, C, D and E in Table A2 (Appendix). An index (Item F) of received physical violence was established when the participant answered in the affirmative to at least one of items A, B, C, D (Table A2, Appendix). The items were identical to those included in a similar study conducted among Greenlandic Inuit (Curtis et al., 2002).

A second question, also used with Inuit in Greenland, referred to violent threats: *"Have you as an adult been subjected to threats of violence that were so serious that you became afraid?"* (Item G: Table A2, Appendix). For both questions, the recall period was adulthood and the response mode was dichotomous (yes/no). The nature of the relationship between victim and aggressor was determined using the following question with a list of

[2] Being pushed, shaken or lightly struck is often considered minor violence in the tradition of the measurement tools developed by Straus (1979, 1996). The survey follows this convention, which is based on the probability of experiencing less serious injury from this type of behaviour. This does not in any way trivialize the victim's experience.

possible sources: *"Who subjected you to violence or threats?"* The six possible answers were grouped into five categories of relationship: 1) the current or former spouse/partner or boyfriend/girlfriend; 2) the family; 3) friends, acquaintances, or colleagues; 4) strangers; and 5) others (Table A1, Appendix).

The definition of violence against property was drawn from the General Social Survey (GSS) on criminal victimization (Gannon & Mihoreran, 2005). These were personal accounts by participants and the acts may have been committed by a family member or other person. The four items referred to the destruction of household items, robbery, break-ins and theft of goods outside of the home (Table A1, Appendix). The recall period was the last twelve months and the response mode was dichotomous (yes/no), as in the GSS.

The following two open-ended questions were asked in order to gather information on potential preventive and intervention strategies: *"What do you think could be done in your community to help people who are violent?"* and *"What do you think could be done in your community to decrease violence among couples or within families?"* No answers were suggested and the answers were recorded verbatim. For data analyses, we created ten categories of answers, six of which were based solely on the prevalence of answers obtained: 1) victim talking with friend or family; 2) aggressor talking with friend or family; 3) decreasing alcohol and drug use; 4) turning to religion or the church; 5) increasing parenting skills and restrictions for children; and 6) increasing the number of activities and available jobs. The remaining four categories were based on those proposed in a report prepared by the Pauktuutit Inuit Women's Association (2004a), thus ensuring that the selected categories were representative of an Inuit perspective. These categories were: 1) correctional services and justice; 2) advocacy groups and educational programs; 3) health professionals; and 4) healing programs and support groups. Similar categories were used to assess available resources for prevention and intervention in the context of violence among aboriginals in Ontario (Ontario Native Women's Association, 1989).

A total of 1056 individuals completed the consent form and participated in at least one of the survey activities. Of that number, 969 completed the confidential questionnaire: 856 adults and 113 minors. Questions relating to physical violence were addressed to adults only while those relating to violence against property were addressed to all participants. Incidents relating to serious threats causing fear had the highest rate of non-response (15.3%) while other incidents of physical violence had non-response rates varying from 1.2% to 2.4%. Non-response rates for incidents of violence against property ranged from 1.0% to 1.4%. Statistical analyses for comparisons by socio-demographic characteristics have been conducted at a threshold of $\alpha = 0.05$. Chi-square test with a correction for design effect was used to compare proportions.

The data used in this module comes from a sample and is thus subject to a certain degree of error. The coefficient of variation (CV) has been used to quantify the accuracy of estimates and the Statistics Canada scale was used to qualify the accuracy of estimates. The presence of an "E" footnote next to an estimate indicates a marginal estimate (CV between 16.6% and 33.3%). Estimates with unreliable levels of accuracy (CV > 33.3%) are not presented and have been replaced by the letter "F".

Association with place of residence were also studied according to four different groupings. First, the Nunavik territory has been divided in two regions because place of residence could influence life habits. The Hudson coast includes the villages of Kuujjuarapik, Umiujaq, Inukjuak, Puvirnituq, Akulivik, Ivujivik and Salluit while the Ungava coast includes Kangiqsujuaq, Quaqtaq, Kangirsuk, Aupaluk, Tasiujaq, Kuujjuaq and Kangiqsualujjuaq. The other groupings used for comparisons were: large communities (Kuujjuaq, Salluit, Puvirnituq and Inukjuak) vs. small communities, and communities with alcohol outlets vs. those without alcohol outlets.

RESULTS

I. PREVALENCE OF PHYSICAL VIOLENCE AND VIOLENT THREATS IN NUNAVIK

More than half the people in Nunavik (53.6%) claim to have been the victim of physical violence during their adult life (Table A2, Appendix). The two types of violent behaviour most frequently reported are being pushed, shaken, or struck lightly and being kicked, struck with a fist or object; four out of ten adults reported experiencing this type of violence. Serious acts like being thrown against furniture, into walls, down stairs or the like, as well as strangulation attempts, assault with a knife or firearm were experienced by about two out of ten adults.

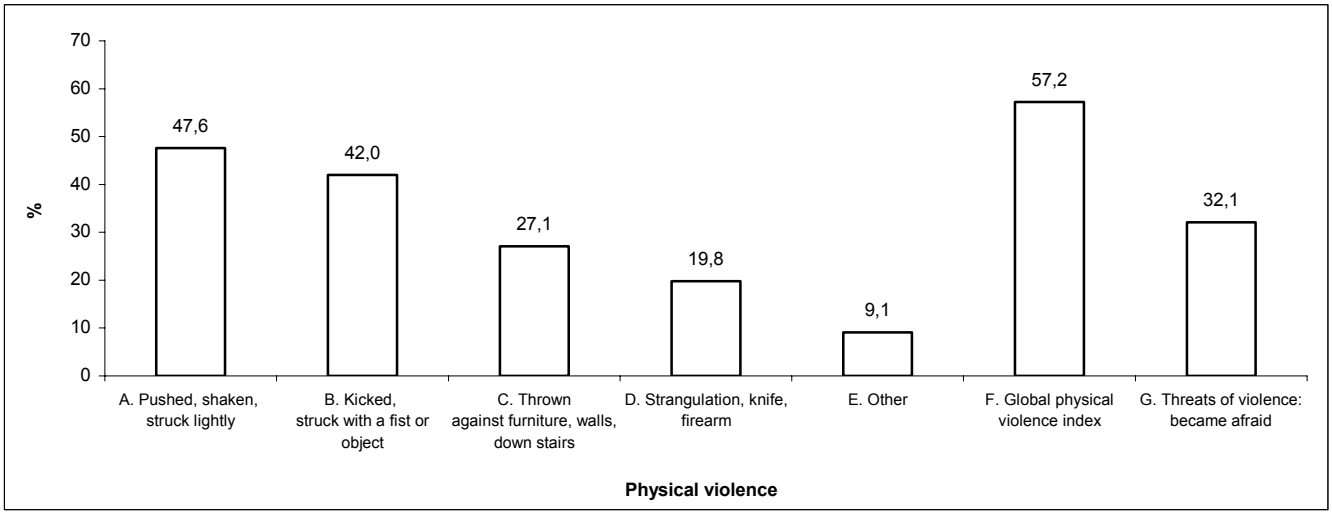
Other forms of physical violence were noted by 7.4% of participants under the category "other", including being assaulted with a vehicle, bitten, pulled by the hair, scratched and having personal objects broken. When asked if they had been subjected to violent threats causing fear during their adult life, a quarter of adults answered "yes". The survey indicated that while 7.7% of victims experienced the four types of physical violence described, 12.4% and 18.1% experienced three and two types respectively.

Age and place of residence were examined for descriptive purposes only. Regarding age, when we consider the global indicator of physical violence, youth and middle-aged people have significantly higher rates (57.5% for those 18-24 years of age and 59.0% for those 25-44 years of age vs. 39.9% for those 45 years and over). The global index of physical violence and threats causing fear (Item F and Item G: Table A2, Appendix) were also studied in relation to place of residence. The place of residence showed no difference in any of the groups with regard to threats. However, the rates of global physical violence are significantly greater in Kuujjuaq (67.2% vs. 50.5% in other villages, $p \leq 0.0001$) as well as in communities with alcohol outlets (63.8% vs. 50.3% in communities without alcohol outlet, $p = 0.002$).

Prevalence of physical violence against women

Nearly six women out of ten (57.2%) have experienced physical violence in adulthood (Figure 1). The most frequent type of received physical violence is being pushed, shaken or struck lightly (47.6%), followed by being kicked or struck with an open fist (42.0%). While not the most prevalent types of violence, being pushed against a wall, a piece of furniture, or down the stairs seems to be a common experience for women (27.1%), as is being victims of serious threats causing fear (32.1%). The least frequently reported type of violence (except for the "other violence" category) is strangulation or the use of a firearm, but still in these cases nearly two women out of ten report such an aggression (19.8%).

Figure 1
Prevalence of physical violence during adulthood (%), women aged 18 and over, Nunavik, 2004



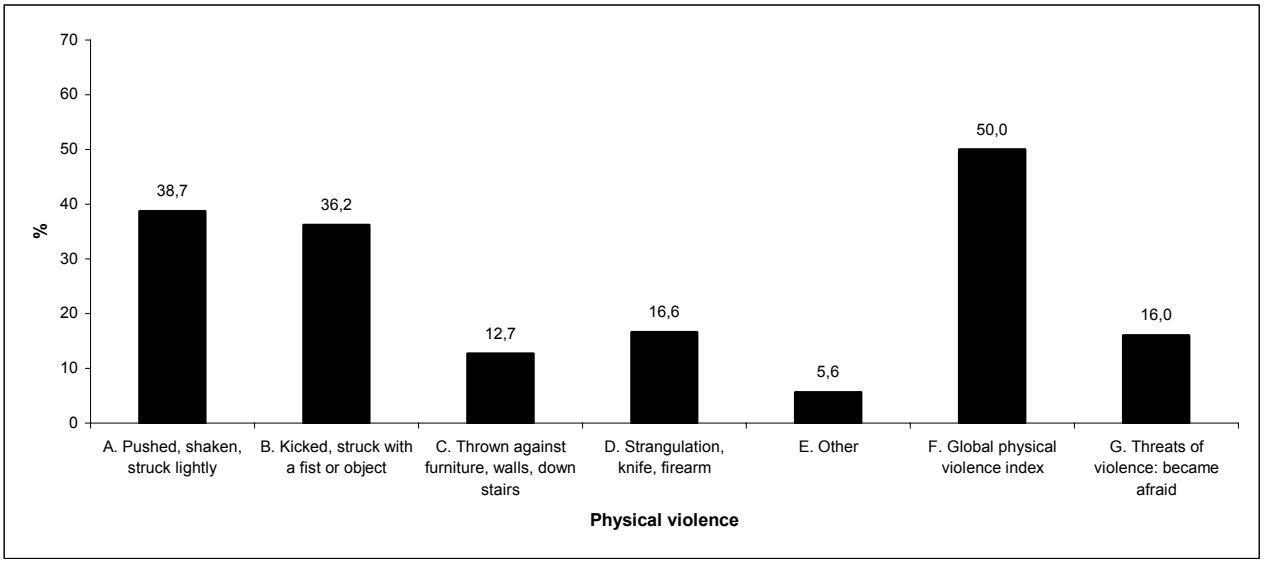
Source: Nunavik Inuit Health Survey 2004.

The rates of global physical violence, behaviour specific to violence, and threats of violence causing fear were compared for age groups and regions. Women aged 45 years and over had the lowest rate of global physical violence (18-24: 66.7%; 25-44: 59.8%; 45 and over: 44.1%; $p = 0.0007$) and reported fewer experiences of violence involving being pushed, shaken or struck lightly (18-24: 52.5%; 25-44: 51.5%; 45 and over: 35.8%; $p = 0.006$). Women living along the Ungava and the Hudson coasts receive the same types of violence, except in the case of strangulation attempts or threats involving a weapon, this being significantly higher on the Hudson coast (23.1% vs. 15.8%, $p = 0.039$). Finally, women living in Kuujjuaq are more at risk of experiencing violence consisting of being pushed, shaken or struck lightly, than women in other communities (57.3% vs. 45.3%, $p = 0.034$).

Prevalence of physical violence against men

Half of the men (50.0%) surveyed have experienced physical violence in their adulthood (Figure 2). The most frequent type of received physical violence is being pushed, shaken or struck lightly (38.7%), followed by being kicked or struck with an open fist (36.2%). Strangulation attempts, assault with a knife or a firearm, are reported by 16.6% of the men. The least prevalent (except for the "other violence" category) is being pushed against a wall, furniture, or down the stairs (12.7%).

Figure 2
Prevalence of physical violence during adulthood (%), men aged 18 and over, Nunavik, 2004



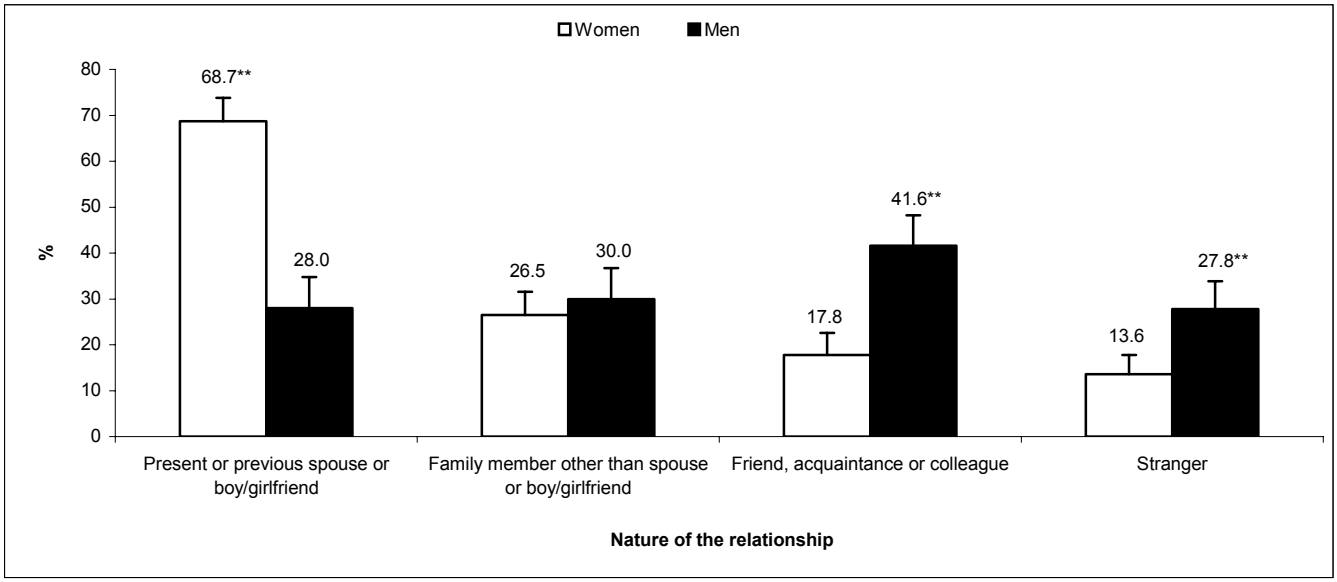
Source: Nunavik Inuit Health Survey 2004.

There are no age-related differences in men. The age groups studied for men were reduced to two for case purposes: 18-29 years and 30 years and over. Significantly more men living along the Ungava coast are pushed, shaken, or lightly struck than men living on the Hudson coast (47.0% vs. 31.9%, $p = 0.001$). The proportions of male victims of other violent behaviours and of threats of violence are similar for the two coastal regions. A significantly greater number of men living in Kuujjuaq, compared to other villages, report having been the victim of three types of physical violence. In fact, twice as many men from this village report having been pushed (68.8% vs. 32.4%, $p \leq 0.0001$), hit (56.2% vs. 32.0%, $p = 0.0002$) or pushed against furniture, a wall or down stairs (23.1%^{E} vs. 10.4%, $p = 0.003$).

The nature of the relationship between the victim and the aggressor

Figure 3 shows the relationship between the victim and the aggressor for all respondents reporting one or several forms of physical violence or violent threats causing fear in adulthood. Nearly seven out of ten women victims of physical violence or threats were assaulted by their spouse or ex-spouse and one out of four women experienced violence in a family setting. Friends, acquaintances and strangers were also a source of violence for women, but to a lesser degree (respectively 17.8% and 13.6%). Men were more frequently victims of physical violence and threats from their friends, acquaintances or colleagues; four out of ten men experienced violence in this context. On the other hand, three out of ten men report violence from family members, their current or former spouse, or from strangers. Analysis of the answers given under the "other" category revealed that the perpetrators included people in authority like boss, police officers and those belonging to religious orders. These aggressors could have been listed by other participants under the category "acquaintances" or "strangers."

Figure 3
Nature of the relationship between the victim and the physical aggressor by sex (%), population aged 18 and over, Nunavik, 2004



Chi-square tests **p < 0.01.
Source: Nunavik Inuit Health Survey 2004.

II. VIOLENCE AGAINST PROPERTY

Overall, 46.0% of participants reported having experienced at least one of the four forms of violence against property during the previous year (Table A3, Appendix). More than a quarter of the participants (27.5%) answered in the affirmative to the question, *"In the past 12 months, did anyone deliberately damage or destroy any property belonging to you or anyone in your household, such as a window, a piece of furniture, a skidoo?"* About 22.7% of participants answered "yes" to the question, *"Was anything of yours stolen during the past 12 months from the things usually kept outside your home, such as tools, skidoo?"* To the question, *"In the past 12 months, did anyone break into or attempt to break into your residence or any building on your property?"*, 18.6% of participants answered affirmatively. Finally, a proportion of 10.3% of participants reported that during the past year someone took or tried to take something from them by force or threat of force.

Further analyses were performed to document whether reported violence against property during the year prior to the survey was more frequent in one region: Hudson coast vs. Ungava coast or in the community with more governmental services (Kuujjuaq vs. other thirteen communities). Rates of reported violence against property (Item E: Table A3, Appendix) were significantly higher on the Ungava coast than on the Hudson coast (50.0% vs. 42.9%, $p = 0.03$), and there is only a tendency toward a higher rate in Kuujjuaq than in the other Nunavik communities (52.3% vs. 44.6%, $p = 0.07$). The prevalence rates damage to property, robbery and aggravated theft (Items A, B and D) did not vary according to coastal regions, nor when Kuujjuaq was compared with the other communities. The break-in rate (Item C) on the Ungava coast was about twice that observed along the Hudson coast (26.6% vs. 12.6%, $p \leq 0.0001$). The higher rate in the Ungava region is likely due to the significantly higher prevalence observed in Kuujjuaq in comparison with that of the other communities (31.6% vs. 15.8%, $p \leq 0.0001$).

III. PREVENTION AND INTERVENTION STRATEGIES

The response rates for the two open-ended questions were 47.8% and 45.2% (Questions 8 and 9: Table A1, Appendix). Additionally, 6.8% and 10.8% of participants gave answers that were not codable either because they did not fit into one of the ten categories or because the answers were too general (e.g. talk, or help them). All other answers were categorized. If a participant gave more than one answer, each answer was counted separately.

Percentages were calculated by dividing the number of answers in a category by the number of participants who gave codable answers.

To the question, *"What do you think could be done to help people who are violent?"*, over a third answered that imposing punishments, including isolation from the community and community work, was an appropriate intervention. However, only about a third of the respondents suggested sending offenders to jail. Police intervention and isolation from the community were the most frequently mentioned suggestions. Many respondents wish to see aggressors punished for their crimes; however, a similar proportion suggested intervention strategies that would "treat" the perpetrator. Three categories of interventions were equally mentioned by participants: 1) talking to aggressors (both in a confrontational and in a caring manner); 2) providing healing programs[3], support groups, anger management programs or talks with elders; and 3) getting professional help (therapy and counselling). Many believe aggressors must be helped. Some participants mentioned that violent individuals needed to be loved. It is important to note, however, that the wording of the question may have biased answers toward suggestions where the aggressor would be helped rather than punished. Reducing alcohol consumption and increasing activities and jobs were both proposed by fewer than 10% of participants. These solutions were seen as ways of helping violent individuals. Encouraging aggressors to engage in traditional Inuit activities such as camping and hunting was also mentioned on various occasions as being a good way of helping violent offenders.

The second question was*, "What should be done to reduce violence among couples or within families?"* Four answers were provided at an equal frequency of approximately 20%: 1) support groups, talking with elders and healing sessions for families and couples; 2) therapy and counselling from professionals; 3) more talking within the family; and 4) reducing alcohol consumption. Increasing the number of family and community activities was also mentioned quite often (10%). Many respondents highlighted the importance of having women's shelters in the communities so that women would have a place to go and people to listen to them. It was said that women and their children had no other option than staying at home and were therefore stuck in a violent situation. Community closeness and having more community activities were also mentioned on various occasions, suggesting that the community is partly responsible for family well-being. This is analogous with what was reported in the Pauktuutit report (2005) on prevention of family violence. Finally, a few respondents suggested additional housing and reducing the number of people per house. Unfortunately, this was the question for which non-response rates were the highest (55%). It is hard to know whether this is due to the fact that it was the last question on the confidential questionnaire and people were getting tired, or whether there is less awareness of these issues and therefore less motivation to think about solutions.

For all questions, alcohol abuse, the lack of family and community activities and unemployment were identified as issues at play, suggesting that people are aware of the potential causes of violence or associated factors. Because group and individual counselling for perpetrators was often mentioned as a solution, we can assume that a significant proportion of people believe that aggressors are also victims of greater social problems, including past abuse, alcohol consumption and lack of opportunity. As one person stated, it is important to "help them deal with their unhappy childhoods that they drag as baggage into their relationships."

DISCUSSION AND CONCLUSION

The results of this study reveal that no resident of Nunavik is safe from physical violence. In fact, the probability of experiencing physical violence in Nunavik is high regardless of age or gender. However, women and adults under the age of 45 are most at risk. A higher proportion of residents from Kuujjuaq and communities where there is open sale of alcohol are victims of physical violence. The difference in rates depending on access to alcohol is probably due to an overrepresentation of Kuujjuaq residents in this group. A notable difference between women and men is that more Hudson women have been victims of strangling and threats with a firearm, while a higher proportion of Ungava men have been pushed, shaken or struck lightly.

Though the questions on physical violence did not permit comparison with Quebec or Canadian data due to

[3] According to the Pauktuutit Inuit Women's Association (2004b), healing is a process of self-examination and self-awareness conducted solely through oral communication between the individual seeking help and the Inuit healer. The individual tells his or her life story and the healer takes part in the emotional healing process by identifying the root causes of the pain from an Inuit perspective.

modifications to the measurement scale, they do allow comparison with other adult Inuit, those of Greenland. In the retrospective study by Curtis and colleagues (2002), a high proportion of respondents lived in Nuuk, the largest community in Greenland with its 15 000 citizens, and also the most urban, the most accessible from Europe and North America, with more resources and a significant proportion of Métis and Danes as well as Inuit. A comparison of the Inuit of Nunavik with those of Greenland leads to the conclusion that the adult Inuit population of Nunavik is significantly more affected by physical violence. In fact, serious threats were reported by 24% of the Inuit in Nunavik but by only 5% of respondents in Greenland. Minor physical violence (being pushed, shaken, etc.) was experienced by 43% of adults in Nunavik and 8% in Greenland. A comparison with the Inuit of Nunavut would be especially interesting since their socio-economic and demographic conditions are more similar to those observed in Nunavik.

Examination of the relationship between victim and aggressor reveals that female adults who experience physical violence or threats are attacked primarily by their partner or ex-partner. Men are more often affected by violence or threats from friends, acquaintances or colleagues. It should be stressed that for both men and women, the family is a non-negligible source of physical violence. Future studies of this population should add people in authority as a possible answer when examining the relationship between victim and aggressor, and should better measure what the concept of stranger represents. The low response rate on the question about threats causing fear (15%) also indicates a difficulty that should be clarified.

The people of Nunavik are faced with a very serious problem of violence. Given this fact, they propose various avenues of intervention, of which most are oriented toward supporting the victims and aggressors by means of community or professional services, and toward community awareness-raising to ensure that every victim receives comfort and compassion. At the social level, respondents criticize idleness, the lack of work and of family and community activities; they also mention substance abuse and, more rarely, crowded living conditions. The lack of resources to separate victims from an aggressor in the same family is deplored. A large proportion of respondents believe that aggressors are suffering from social and family problems such as abuse or parental negligence, alcohol dependency or a lack of job opportunities, or that they did so in their childhood.

The study of the relationship between substance abuse and various types of violence should be pursued. Regarding the Inuit community, Gagnon & Panasuk (2003) commented that prostitution to obtain alcohol or drugs is frequent. Given that prostitution is closely related to physical and sexual violence, this situation merits intervention. The impact of violence on mental and physical health and on child and adolescent development should also be documented. We emphasize that aggression is seen as contrary to Inuit tradition and culture. Thus, it is likely that the communities of Nunavik will continue to strive to improve this situation. Prevention efforts within the community, such as the National Inuit Strategy for Abuse Prevention, will enable an exploration of solutions by both men and women.

The present qualitative analysis shows that the Inuit community does not condone physical violence as a way of resolving conflicts. Recent public action by the women of Nunavik clearly demonstrates that they are aware that the prevalence of violence has reached epidemic proportions, that they find this situation unacceptable and that they see an urgent need for action. They have produced an anti-violence manifesto for Nunavik that was published in the Nunavik newspaper, from which the following excerpt is drawn (*Nunatsiaq News*, April 24, 2006): “We, Inuit women of Nunavik, demand that violence directed against women and children must stop. Child sexual abuse is absolutely intolerable and must end. All types of violence, whether physical or psychological, against women and children, must cease to occur” (Nunavik Inuit Women’s Manifesto, 2006).

An ethnographic study conducted in Nunavut among the Inuit of Baffin Island between 1992 and 1994 identified, from interviews with 157 RCMP officers and 210 members of the community, the existence of a negative influence exerted by dominant or large families and by certain elders, who considered violence as an acceptable way of doing things. There is thus good reason to find out whether a similar context exists in Nunavik. It must also be asked whether Inuit women, when expressing the urgent need for action against violence towards women, confront resistance in their community from people in positions of authority, as is reported by other groups of aboriginal women (Panasuk, 2003).

The General Social Survey on criminal victimization conducted in Canada in 2004 provides a point of comparison regarding annual rates of violence against property (Gannon & Mihorean, 2005). Our survey reveals

that the Inuit of Nunavik clearly have higher rates of this type of violence than Canadians as a whole. About 28% of Inuit were victims of vandalism during the course of the year preceding the survey, a prevalence roughly four times higher than that observed among Canadians over the same period (7.7%). Rates five to ten times higher were observed in Nunavik for breaking and entering (20% vs. 3.9% among Canadians) and aggravated theft (10% vs. 1% among Canadians) respectively.

KEY ISSUES

- More than half of the adults in Nunavik have been victims of physical violence during adulthood.
- The probability of being affected by physical violence during adulthood is very high for both men and women, as well as for young adults and older people, although women and adults under the age of 45 are significantly more at risk.
- A greater proportion of Kuujjuaq residents are victims of physical violence compared to other communities, and men from this community are more likely to be the target of acts of serious violence.
- Women and men are affected by all types of physical violence. However, twice as many women reported being subjected to being thrown against furniture or walls, and having to deal with serious threats causing fear.
- Two thirds of women and nearly one third of men affected by physical violence were attacked by their partner or ex-partner. Men are more likely to be victims of violence from their friends, acquaintances or colleagues.
- A proportion of 28% of Inuit have been attacked by a member of their family (who is not their partner) as an adult.
- The annual rates of reported vandalism, robbery, break-ins and aggravated theft are very high (from 10% to 28%), much higher than those observed in the rest of Canada.
- Aggression is viewed as contrary to Inuit tradition and culture, and the people of Nunavik suggest avenues of intervention that are primarily based on support for victims and assailants and on community awareness.

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APPENDIX

Table A1
Questions on the physical violence and violence against property component of the confidential questionnaire, Nunavik Inuit Health Survey 2004.

It is important to hear from you if we are to understand the serious problem of violence.
Please tell us:

1. Have you as an adult ever been subjected to one or more of the following forms of violence?

Please mark Yes or No for each question.

a) Pushed, shaken or struck lightly ___ Yes ___ No

b) Kicked, struck with a fist or object ___ Yes ___ No

c) Thrown against furniture, into walls, down stairs, or similar ___ Yes ___ No

d) Strangulation attempt, assault with a knife or firearm ___ Yes ___ No

e) Other form(s) of violence ___ Yes ___ No

If other form of violence, please specify: _____

2. Have you as an adult been subjected to threats of violence that were so serious that you became afraid? ___ Yes ___ No

3. Who subjected you to violence or threats?

Please mark Yes or No for each question.

a) Current spouse/partner, previous spouse/partner ___ Yes ___ No

b) Current boyfriend/girlfriend, previous boyfriend/girlfriend ___ Yes ___ No

c) Other family member/relative ___ Yes ___ No

d) Friend or acquaintance ___ Yes ___ No

e) Colleague/person at your workplace ___ Yes ___ No

f) Stranger ___ Yes ___ No

g) Other person, specify _____

Violence was also reported as a problem in certain communities. The next questions ask about things which may have happened to you during the past 12 months. Please include acts committed by both family and non-family members.

4. **In the past 12 months, did anyone deliberately damage or destroy any property belonging to you or anyone in your household, such as a window, a piece of furniture, a skidoo?** ___ Yes ___ No
5. **In the past 12 months, did anyone take or try to take something from you by force or threat of force?** ___ Yes ___ No
6. **In the past 12 months, did anyone illegally break into or attempt to break into your residence or any other building on your property?** ___ Yes ___ No
7. **Was anything of yours stolen during the past 12 months from the things usually kept outside your home, such as tools, skidoo?** ___ Yes ___ No
8. **What do you think could be done in your community to help people who are violent?**
9. **What do you think could be done in your community to decrease violence among couples or within families?**

Note: Questions 1 to 3 were asked to participants aged 18 years and over while questions 4 to 9 were asked to subjects aged 15 years and over.

Source: Confidential questionnaire of the Nunavik Inuit Health Survey 2004.

Table A2

Prevalence of physical violence (%), population aged 18 and over, Nunavik, 2004

Form of violence	General population		
	%	EP[1]	[CI 95%]
A. Pushed / shaken / struck lightly	43.1	2240	40.1-46.1
B. Kicked / struck with a fist / object	39.1	2030	36.0-42.2
C. Thrown against furniture / into walls / down stairs / or similar	19.8	1030	17.1-22.4
D. Strangulation / knife / firearm	18.3	950	15.9-20.7
E. Other	7.4	380	5.8-9.2
F. Global physical violence index [2]	53.6	2780	50.5-56.7
G. Threats of violence: became afraid [3]	24.0	1250	21.1-27.0

[1] Estimated number of Nunavik Inuit experiencing this situation, based on the prevalence rate and sampling method used in this survey.

[2] Victims of any form of violence among A, B, C, or D.

[3] There is a potential bias for this question due to a non-response rate of 15%.

Source: Nunavik Inuit Health Survey 2004.

Table A3
Prevalence rates of reported violence against property during the year prior to the survey (%), population aged 15 and over, Nunavik, 2004

Form of violence	%	[CI 95%]
A. Damaged property	27.5	24.4-30.6
B. Took something by force	10.3	8.3-12.2
C. Broke into property	18.6	16.3-21.0
D. Stole things outside house	22.7	19.9-25.5
E. Victims of violence against property[1]	46.0	42.8-49.1

Note: Partial non-answers in this table range from 1.0% to 1.4%.

[1] Positive answer to A, B, C or D.

Source: Nunavik Inuit Health Survey 2004.

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Qanuippitaa?

HOW ARE WE?